

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # 991000074819
1. Entity Name
Stern & Associates, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

Principal Place of Business Mailing Address
3914 N. Hwy 301, Suite 700
Tampa, FL 33619

2. Principal Place of Business 3. Mailing Address
Same Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-3460845 Applied For
Not Applicable
Zip Country USA Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Max W. Mitchell Name
3914 N. Hwy 301, Ste. 700. Street Address (P.O. Box Number is Not Acceptable)
Tampa, FL 33619 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE Max W. Mitchell Max W. Mitchell 11-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<u>CEO, CFO, T, D</u> <u>Max W. Mitchell</u> <u>3914 N. Hwy. 301, Suite 700</u> <u>Tampa, FL 33619</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<u>P.D.S.</u> <u>Michele Stern</u> <u>3914 N. Hwy. 301, Suite 700</u> <u>Tampa, FL 33619</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<u>300004721313</u> <u>-12/12/01--01080--032</u> <u>*****70.00 *****70.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Max W. Mitchell Max W. Mitchell 813-983-
Signature and typed or printed name of signing officer or director Date 11-10-01 8380